

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	104	67814	9/01/01
O.I.P.E. CLASSIFIER	PT		9/8
FORMALITY REVIEW	Z	JCS 51	10-06-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	Original 2/1/01
2	Final 2/1/01
3	Original 3/1/01
4	Original 4/1/01
5	Original 5/1/01
6	Original 6/1/01
7	Original 7/1/01
8	Original 8/1/01
9	Original 9/1/01
10	Original 10/1/01
11	Original 11/1/01
12	Original 12/1/01
13	Original 1/1/02
14	Original 2/1/02
15	Original 3/1/02
16	Original 4/1/02
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If more than 150 claims or 10 actions  
staple additional sheet here

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